

SPECIAL
POINTS OF
INTEREST:

- New Hepatitis B Vaccination Report
- KAN Be Healthy Q&A
- Online Resources for MCH Providers
- Plan Now to Attend Kansas Public Health Conference
- Bloom where you are planted!
- Pregnancy Outcomes and Lupus

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ZIPS

Zero to age 21: Information Promoting Success

for Public Health Professionals working with Kansas Kids

VOLUME 4 NUMBER 3

MARCH 2006

KDHE Mourns Death of Committed Abstinence Education Leader, Devoted Colleague, and Family Man, Larry McGlasson



Larry McGlasson, Abstinence Education Consultant, and the program manager for the Kansas Abstinence Education Program (KAEP), passed away unexpectedly February 18. Larry provided dedicated leadership to KAEP. He had a broad vision for growth of the program and was committed to making abstinence education available to the young people in Kansas. He also was a strong proponent for the importance of an active role of fathers in the lives of their children. Larry leaves his wife Dawn, two daughters, Sara Beth and Janie, both who reside at home and two grown sons, Ben and Brady. He has three grandchildren and was anticipating the birth of a fourth grandchild in April. Larry demonstrated a strong passion for abstinence education. His colleagues in the Children and Families Section will do their best to carry forward Larry's commitment to this program. If you need assistance, contact Ileen Meyer, Director, at imeyer@kdhe.state.ks.us.

Governor's Public Health / MCH Conference April 11, 12, 13th, 2006 Wichita Hyatt

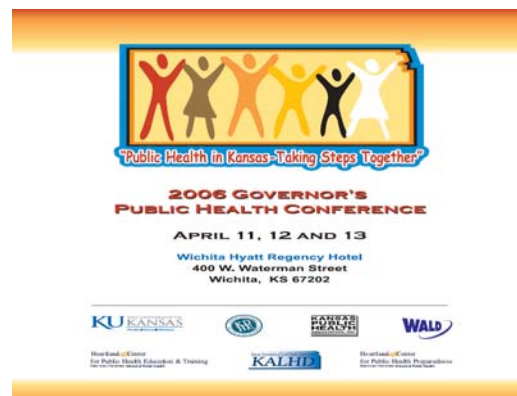
All public health providers are encouraged to attend the 1st annual Governor's Public Health Conference at the Wichita Hyatt in April. Linda Frazier, Public Health Workforce Development Coordinator, in partnership with the Children and Families Section / MCH Program, have worked with conference facilitators at KU – Wichita in planning an outstanding public health conference. A "call for presentations" resulted in a variety of talented, timely, and important presentations that will assist all public health providers. In addition, there will be many exhibitors and opportunities for additional learning in the Technology Room.

Conference registration is available so that you may attend the public health track April 11 – 12, the MCH track on April 12 – 13, or both. The keynote speaker for the MCH conference is Terie Dreuss-Smith with aha! Process, Inc. who will present information on generational poverty. Following Terie's presentation is an outstanding cast of presenters and topics, including:

Martha Hagen, RD Program Analyst, BFPC Program Coordinator, KDHE WIC Office
Michelle Reese, Kansas Drunk Driving Prevention Program, KDOT
Wes Jones, PhD, Director Children's Services,

Mental Health Center of East Central Kansas
Angela Nordus, Executive Director, State Child Death Review Board, Office of the Attorney General
Katherine Melhorn, MD, Associate Professor, Department of Pediatrics, Wichita – KU School of Medicine
Paul Kittle, DDS, Pediatric Dentist
Valarie Kerschen, MD, KU School of Medicine, Wichita, Department of Pediatrics

For more information, a conference brochure, and to register, go to the KS-TRAIN website <https://ks.train.org/>



PERINATAL HEALTH

Joe Kotsch, Perinatal Consultant

A Look at Local Health Department Services

Various health departments have made great strides over the first part of this State Fiscal Year (SFY) in serving the needs of mothers and infants in Kansas. As part of the program review process, program staff at KDHE collect and analyze information sent in by MCH grantees. The information presented here is a short synopsis of program information submitted by MCH grantees showcasing services that each provides to mothers and infants in our state.

The Butler County Health Department provides support, education and resource referral to both pregnant and postpartum mothers and families. In addition, they provide a resource for each family tailored to their needs. Every pregnant woman is referred to a breastfeeding peer counselor in the WIC program as appropriate.

The Cherokee County Health Department reported use of an Infant Risk Reduc-

tion strategy when the RN screens pregnant women for a variety of potential prenatal and/or personal/family concerns. In addition, their program provides smoking cessation services to pregnant women and hospital-grade electronic breast pumps to mothers in need of these and other services in a culturally sensitive manner.

Finally, the Clay County Health Department reported educating women receiving Maternal and Infant services on the topics of unintentional injury and death. They provided statistics related to breastfeeding duration.

The reports the MCH Program received for the first half of this SFY have provided staff excellent insights into the world of local public health services and how the mothers

and infants served by these programs truly benefit. Please contact me at: jkotsch@kdhe.state.ks.us with local success stories from your agency. Through sharing and celebrating one another's success stories, we can help fulfill the goal of protecting the health of all Kansans by promoting responsible choices.



I feel that the greatest reward for doing is the opportunity to do more.
— Jonas Salk



Obesity Interventions: Food for Thought

One of the key times to address obesity for a woman is before, during and after pregnancy (i.e., perinatally). From the 2005 Dietary Goals for Americans, "the ideal goal for adults is to achieve and maintain a body weight that optimizes their health." Further, researchers, Hill et. al., suggest three goals for weight management: First and foremost on their list is to prevent weight gain through a series of strategies emphasizing a moderate level of activity daily, together with a reduction of 50 to 100 calories daily. Second, one needs to increase physical activity enough to initially produce weight loss in preparation for maintaining weight loss over time. Finally, one needs to maintain weight loss through a balance of exercise and a healthy diet. Most weight studies indicate that

those who are able to achieve relatively small weight losses as well as modest increases in physical activity show significant positive effects on their health. Let's encourage the women and families we encounter to increase their present levels of activity and help them make better food choices in order to lead healthier lives. For more information on this topic go to: http://www.guideline.gov/summary/summary.aspx?doc_id=4743&nbr=003436&string=Obesity For information on gestational diabetes: http://www.guideline.gov/summary/summary.aspx?doc_id=3979&nbr=003118&string=Obesity

Why It Is Important To Screen Pregnant Women For Alcohol



for prenatal drinking.

The authors concluded that a history of drinking prior to pregnancy and drinking during the early stages of pregnancy are most predictive of future episodes of prenatal drinking. Further, these findings highlight the necessity for screening pregnant women for the consumption of alcoholic drinks. For more information on the effects of drinking during pregnancy go to: www.nofas.org/family or www.marchofdimes.com/aboutus/14458_15138.asp

According to a 2006 article in the Journal of Women's Health on the relationship between social support and prenatal alcohol abuse, consideration of social support alone as a predictor of prenatal alcohol consumption is inadequate. Additionally, maternal psychological stress has been previously identified as an independent risk factor for preterm birth, low birthweight and other pregnancy complications. Further, social support can lessen the effects of maternal psychological stress. The study authors purported to measure the degree, predictors and consequences of social support in a cohort of pregnant women scoring two or greater on a questionnaire



CHILD HEALTH

Brenda Nickel, Child Health Consultant

Varicella: Exclusion of Children With Religious Exemptions

Kathy Raub, a school nurse in the Independence Schools, USD 446, contacted me with an excellent question regarding exclusion of children in schools that had either a medical or religious exemption to immunization on file. Kathy's concern regarding exclusion was based on the 2004-2005 varicella vaccine requirements for school entry affecting her current kindergarten and first grade students.

As with most outbreaks of chickenpox in school age populations, cases of the disease can occur throughout the entire school year due to the communicability of the disease and the length of time from exposure to varicella until the appearance of lesions. Because of her knowledge regarding varicella and an understanding of the protocol for excluding unimmunized children during disease outbreak / period of communicability. She was faced with the question of exclusion of non-vaccinated students and students who were exempt and had a negative history for chickenpox. Martha Siensen, Assistant Program Director, KDHE Immunization Section, responded by referring us to the Classroom Handbook of Communicable Diseases. The following information supports Martha's statement, "exclusion of those non-immune students with religious exemption is not required at this time." The following information is provided:

Exclusion on Non-Immune Contacts / Exemptions: Vaccine may be recommended for non-immune contacts of a varicella case to provide protection from future exposure. For unvaccinated persons, Varicella Zoster Immune Globulin (VZIG) can be given to susceptible individuals upon a physician's prescription if they are at high risk of developing complications from chickenpox. Because the varicella vaccine requirement is recent and only required for kindergarten entrance exclusion of non-immune contacts from the classroom is not required at this time. Exclusion may be recommended on a case-by-case basis until all the children in a school are required to be vaccinated.

For access to the complete document, Classroom Handbook of Communicable Diseases" as well as other valuable immunization resources, follow this link: www.kdheks.gov/immunize/index.html



Fireproof Children: Prevention First Train - the -Trainer



The CDC National Center for Injury Prevention and Control, show that for 1999 – 2002, one of the top five leading causes of Unintentional Injury

Deaths in Kansas children age 1 -18 is due to fires and burning. In the age group 3 – 5 years, 25 percent of unintentional deaths were due to fire / burn. The Kansas Head Start Association, in partnership with Fireproof Children and Prevention First, has offered courses to Train-the-Trainer. This fire safety education program is targeted at reducing the incidence of fire related injury and death by educating those professionals who work with preschool populations and their parents. At KDHE, three state consultants, including Marilee Brown, Fire Injury Prevention Program Coordinator, Jamie Klenklen, Home Visitor Training Coordinator, and Brenda Nickel, Child and

School Health Consultant, have received the training and have ordered Trainer's Manuals and Materials to target preschool populations. Both Jamie at jklenklen@kdhe.state.ks.us and Brenda at bnickel@kdhe.state.ks.us are anxious to share their knowledge and materials through training preschool teachers, day-care providers, Healthy Start Home Visitors, and others who want to incorporate the educational program, "Fire Prevention for Preschool children: Play safe! Be safe!" into their daily contact with the families that they serve. Let's help parents fireproof their children and teach children to "tell a grown up" when they see something that is dangerous. For more information, go to www.fireproofchildren.com

Ellis County Healthy Start Home Visitor Elaine Rupp, stands with trainers Cathy Southwick of Fireproof Children / Prevention First and Terry Wilson, Hays Headstart. Not pictured is Wabaunsee County Healthy Start Home Visitor, Sue Palenske, who also became certified to Train-the-Trainer. Cathy and Sue join other home visitors who took advantage of trainings offered this year.



Far and away the best prize that life offers is the chance to work hard at work worth doing.

— Theodore Roosevelt

ADOLESCENT HEALTH

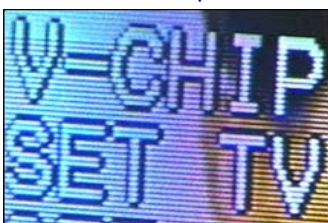
Jane Stueve, Adolescent Health Consultant

MASS MEDIA AND ADOLESCENT SEXUAL ATTITUDES

A 2005 literature review appearing in the Journal of the American Academy of Pediatrics summarizes the literature concerning the effects of various media on the occurrence of adolescent sexual behaviors. The authors found that there was a lack of scientific information concerning the effects of exposure to mass media on adolescent sexual behavior. The existing studies are limited by study design, sampling procedures and small sample sizes. What has been shown is that adolescents spend a great deal of time each day with many different types of mass media. It has been demonstrated that mass media has been shown to have effects on other adolescent behaviors and attitudes. The areas of violence, eating disorders and tobacco and alcohol use were listed as being effected by mass media in the adolescent population.

Some of their key recommendations include: a refinement of study methodologies measuring both exposure to mass media with a corresponding amount of sexual content; conduct surveys of children and adolescents where this data is lacking; survey parents and adolescents to assess effectiveness of parental involvement, communication, supervision and monitoring of media sexual content; determine best practice interventions for reducing or interrupting the effects of media exposure; assess the

value of V-Chip and other technologies in reducing exposure; conduct longitudinal studies on the effect of exposure to sexual content in the mass media on children and adolescent sexual attitudes and behaviors. For the complete article go to: www.pediatrics.org or access it in *Pediatrics* Vol. 116 No. 1, July, 2005.



CHOKING GAME

Deaths in Kansas from our adolescents choking themselves to death has raised alarms among school officials and parents. It's a dangerous game known by several names: Space Monkey, Fainting, Pass Out Game, Black Out Game, American Dream, Flatliner, Space Cowboy, Knock Out, Gasp, Rising Sun, Airplaning, Hawaiian High and Fainting Game.

Kids seem to know about it, but adults really don't know how many kids have tried it until we read about it in the local paper, or know someone personally that dies or is damaged by it. Middle school children sometimes play choking games using bags, belts, ties or their hands to cut off blood and oxygen to the brain. By stopping the flow of oxygen containing blood to the brain, the child may experience a brief high or euphoric state. The pressure on the arteries is then released and blood flow to the brain resumes causing a "rush" as consciousness returns. Playing this game in any form causes the permanent and cumulative death of large numbers of brain cells. The games, which are played individually or with friends, can cause fainting, bruising, concussions, headaches, strokes, retinal damage, seizures and death. Most children feel it is safe because they have no conception of their own mortality. Signs of the choking game which should raise red flags include bruising on the throat, frequent

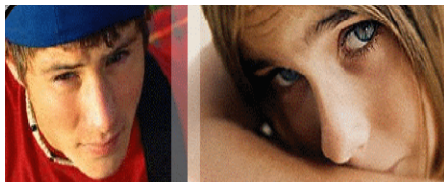
All that is gold does not glitter; not all those that wander are lost.

— J.R.R. Tolkien

severe headaches, redness of the eyes, belts, leashes, ropes, shoelaces tied in strange knots or found in unusual locations, or unexplained cuts or bruises from falling, disorientation after spending time alone, or locked bedroom doors.

If you suspect a child is experimenting with this dangerous activity, warn the child, and notify the parents and school counselor of your concerns. Advise the parents to supervise the child very closely, dispose of items that could be used for choking, talk with their child and consider professional counseling.

To stop this activity in your school, ask that education about this activity be part of the risky behavior curriculum. Make sure students are warned about the dangers of this activity. There are several of web sites on choking: www.deadlygameschildrenplay.com www.stop-the-choking-game.com www.teenchokinggame.com



Remembering Larry

The adolescent health page would have a big hole in it if I did not make some reference to abstinence until marriage. As I was looking through articles on abstinence, I came across an article from Teen-Aid, January newsletter. It summarizes one of Larry's favorite speeches that go somewhat like this:

"Every responsible adult has the duty to teach, model, and reinforce the healthiest lifestyle choices for all young people. Young people are the future. When teenagers, who will soon be running the world, set a pattern of making poor choices today, the future prosperity of our communities and successful families are threatened. A strong future is secured when young people are clearly and consistently directed towards healthy lifestyle decisions. Personal responsibility includes the little things like responsibility at home and school as well as personal behaviors that impact our communities."

Larry's voice will be missed as a leader in promoting the abstinence until marriage message and as a teacher of the skills to achieve that goal.

Adolescent Obesity

"Childhood overweight and obesity is the fastest-growing, most threatening disease in America today" says Richard Carmona, MD, United States Surgeon General.

BMI is a calculation that uses an adolescent's height and weight to estimate how much body fat he or she has. Overweight is defined as the a body mass index (BMI) of 25 or more. Obesity is defined as a BMI of 30 or more. Morbid obesity is a BMI of 40, and super (malignant) obesity is a BMI of 50 plus. Thirty percent of the adolescent population (ages 12 to 19) are overweight and fifteen percent are obese. For a web base BMI calculator, go to the Center for Disease Control and Prevention site: <http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm>

PUBLIC HEALTH

Children and Families Section, Brenda Nickel, Child & School Health Consultant

Public Health History: Our Common Bond With Public Health Nurse Lillian Wald

Happy 139th Birthday, March 10, 1867 – 2006



Public health providers share in a public health history rich with a wealth of health issues, strategies, and success that we can learn from today and apply for our future practices. Lillian Wald, born 139 years ago, continues to be on of our very own colleagues “in spirit”. She met the health needs of mothers and children, families in the community, children in schools, and worked to champion for the poor by investing stakeholders in her mission to impact the health of citizens in her community. As you read on, you will find yourself sharing her vision and indeed, her early 20th century challenges here in 2006!

The influx and processing of over 12 million immigrants into the United States through Ellis Island between January 1, 1892 and November 1954 created public health issues related to overcrowding, sanitation, and means to provide health-care to the immigrants and their families. Between 1900 and 1915, there was tremendous building of hospitals, housing, and

kitchens to meet these needs. Nonetheless, there was overcrowded tenements, poor working conditions for immigrants, and a death rate that was almost twice that for other New Yorkers due to diseases that were rampant in the cramped, filthy conditions.

It was these very conditions that a young nurse, Lillian Wald, happened upon when requested to help a very ill person. Seeing the living conditions and lack of resources afforded to these immigrant families, Lillian Wald began to work to improve living conditions and quality of life through the common public health practices, promotion, and prevention: good sanitation, good nutrition, fresh air, prevention of the spread of disease, and care of the ill. In 1893, Lillian established the Visiting Nursing Services with the assistance of her friend, Mary Brewster, and in 1894, opened the Henry Street Settlement. She began to work tirelessly to secure backing from financially secure New Yorkers to improve the living conditions of immigrants, hired numerous nurses, and create public pamphlets to educate the public about the plight of immigrants, particularly the mothers and children.

In 1900, Lillian saw the need for children with learning disabilities and physical handicaps to receive the same “rights” as other children. She was instrumental in getting a teacher hired by the Board of Education in New York to teach these children in school. Lillian felt that this action “came from a deep-lying principle that every human being merits respectful consideration of his rights and personality.” (**Jewish Women’s Ar-**

chive, JWA – Lillian Wald – Public School Programs” <http://www.jwa.org/exhibits/wow/wald/lw6.html>)

In 1902, Lillian pressured the school system to provide school nurses, beginning with the placement of Lina L. Rogers, the first school nurse. In her first month, Lina documented her treatment of 893 students, making 137 visits to homes, and through provision of medical care, was able to have 25 children return to school – these children had been out of school as they had not received medical care. Not long after Lina’s first month, 12 more nurses were hired and later that same year, the New York City Board of Education established the first Department of Special Education, in part, due to Lillian Wald’s advocating for the children with special needs.

Regardless of where you are practicing as a public health nurse, take a moment to wish this visionary woman, “Happy Birthday!” In honoring Lillian and the history of public health, we honor all ourselves and all the other practitioners that work every day meeting similar challenges, new emerging issues, and whose tireless efforts will become part of Lillian’s birthday celebration! To learn more about Lillian and other remarkable public health pioneers, take some time to go back in history by visiting the Web, your local library, or by visiting with experienced colleagues!

“Nursing is love in action, and there is no finer manifestation of it than the care of the poor and disabled in their own homes.”
— Lillian Wald

NW Regional Health Departments Planning Spring Health Fairs

I recently attended the NW Regional Health Department meeting in Oakley where 13 administrators / representatives, facilitated by Debbie Whitmer, District Public Health Nurse Specialist, discussed issues related to their region. There was a wonderful sharing of ideas and suggestions for local health fair plans. Their agency is sponsoring a Mother – Daughter Health Maze so that health issues, including more sensitive issues, can be addressed with both the mother and daughter together. Marge Sommerfield, Wallace County, is partnering with her local Extension Agent, Melinda Daily, to coordinate a community health

fair. Local private health care providers are joining in this effort to provide screenings, as well as health promotion activities. Susan Roelfs, Cheyenne County, and Gina Frack, Norton County, shared how their agencies are also working to provide health fairs in their communities.

Each agency offered creative, innovative strategies to pull their communities together to provide health screenings, promotion, and health education! All across Kansas, public health is promoting healthy choices and health promotion to involve Kansans in good health practices!

Ask Ken!

(About CVRs)

Q: Are the KWIC numbers different than the KIPHS numbers?

A: Yes, they are completely different programs. The ID numbers assigned by KIPHS to the client pertain to the MCH/FP programs for data collection purposes. ID numbers in other programs may be different.

Q: When such a number as 000012345 is generated and the agency submits paper CVRs, how is the number recorded on the paper CVR?

A: For clarity, enter the number 12345 and omit the leading zeroes. Refer to the third example on page 4 of the revised 2004 CVR Manual.

SCHOOL HEALTH

When Your School Year Begins Mid-Stream: Sink or Swim?

By Brenda Nickel, Child and School Health Consultant



For most school nurses, the “traditional” school year begins the end of July with enrollment and the arrival of students in August. However, there are situations that arise that require a nurse be “brought on board” mid-stream of the school year ~ or as it feels, thrown overboard mid-stream of the school year!

On February 8, I took the opportunity to meet a new school nurse in Lyons - Carol Nichols. Carol, who was offered her position the first week of January, provides services in grades K – 12 in USD 405. Carol joins a five year veteran of school nursing, Angi Houseman, who splits her time between the schools in Lyons and in

the neighboring towns of Windom and Little River, USD 444. We spent the morning visiting about school health services between Carol and Angi seeing students, taking calls, and answering teacher questions. During our time together, it became very apparent that the determining factors to the “sink or swim” cliché, is the life-saving support that a district superintendent, principals, and mentoring school nurse can have on the success of the school nurse hired mid-year. This support includes orientation to district policies / practices, encouragement to obtain the necessary educational support, and empowering the nurse to use her professional judgment and previous experience to begin to address the health needs of her students and schools.

With Angi’s guidance, Carol was familiar with many of the resources available to her in her community and at the state level. Carol had a familiarity with the KDHE Web site and had already organized the resource materials that were available in her office. During a “working lunch,” we were able to visit with Superintendent Anne Lassey about some of the issues that she and her nurses are addressing: graffiti indicative of gang-

related activity at the middle school level, the concerns about youngsters getting the necessary health care due to socioeconomic concerns, screening mandates, control of communicable diseases, exhibiting at the local health fair, and the use of automated external defibrillator (AED) in their district schools. The most empowering moment for all of us as nurses was to have the superintendent sit back and say to her two nurses, “I trust your judgment to research what is necessary to meet the needs we’ve discussed. I leave it in your capable hands.”

Leaving Lyons heading North, I felt as though I had left Carol with a very knowledgeable mentor, Angi, and with the support of their educational “captain,” Anne Lassey. Our time together was a reminder that with support of experienced nurses, technological access to support and resources via the Web or telephone, continuing education that addresses the health needs of school populations, and encouragement of our new colleagues to use their previous nursing experience to enrich this public health practice, their mid-year journey can be smooth sailing! If you need help sailing, contact me at bnickel@kdhe.state.ks.us.

School Nurse Survey –

Why Bother to Fill It Out??

By Carol Moyer, Epidemiologist, KDHE

The School Nurse Survey link was provided in last month’s ZIPS and you may be asking yourself, “Why bother to fill it out?” The redesigned survey will help to answer the following questions:

- What exactly do school nurses do?
- Are they really needed?
- What are the medical conditions that require medical care during the school day?
- What is the nurse/student ratio?
- What percent of Kansas’s students have asthma care plans?
- Are school nurses expected to cover more than one school?
- What is the median salary for a full time school nurse?

To answer these questions, we need accurate denominators. We need the number of students assigned to each nurse. We even need to know which schools/districts that you are assigned. Providing this information will assist epidemiologist to calculate the percent of Kansas students/nurses/schools represented by the survey data as well as who is not represented by the data. Using this data, we can make statements showing the reality of school nursing in Kansas. To complete the 2006 School Nurse Survey, click on this link: www.kdheks.gov/c-f/school.html

SCHOOL NURSE ASSISTS STUDENTS WINNING STATE RED RIBBON AWARD

By Jane Stueve, Adolescent and School Health Consultant



Pictured far left is Janice Waner, school nurse in USD 408, Marion, and students from the FCCLA and Key Club (l to r, Jessica Bernhardt, Mara Neuberger and Misti Richmond) accepting the Award for Best School District Project or Activity at the Kansas Red Ribbon Annual Awards Luncheon, a program of Kansas Family Partnership, Topeka. (Picture courtesy of Marion County Record). The school had various activities during Red Ribbon week including planting flowers, scavenger hunts, activities at the football games, making and wearing WDDD bracelets

(“WDDD”– Warriors Don’t Do Drugs!), and a presentation by Trooper Mike Ottensmeier on the consequences of using drugs and alcohol. The Red Ribbon Campaign encourages communities and students across America to commit themselves to living a drug-free life.

Red Ribbon week serves as a tribute to Special Drug Enforcement Administration (DEA) Agent Enrique “Kiki” Camarena, who was kidnapped and brutally tortured and murdered by drug traffickers in Mexico in 1985.

Guest speaker at the Red Ribbon Eight Annual Awards Luncheon was Geneva “Mika” Camarena, wife of Enrique “Kiki” Camarena. Mika is fighting to keep Camarena’s memory alive and to make sure he did not die in vain. She is an ambassador for the Red Ribbon campaign and is a founding member of the Enrique “Kiki” Camarena Educational Foundation, San Diego, CA.

EVENTS

SAVE THE DATE!

The Kansas Fatherhood Coalition proudly announces the 4th annual KANSAS FATHERHOOD SUMMIT, **March 19-21**, at the Wichita Marriott. The summit is intended for social workers, nurses, counselors, home visitors, fathers, mothers, grandparents, Head Start staff, and community leaders. Keynote speakers include Jerry Tello, David Pate, Will Stovall and DJ Eagle Bear-Vanus. New this year are Healthy Marriage track, Grandparent track and Domestic Violence track in addition to the 16 Fatherhood track break-out sessions. Registration fee before February 20 will be \$25 for parents/caregivers and \$75 for practitioners. Visit <http://www.srskansas.org/ISD/ees/FatherhoodBrochure2006.pdf> or contact Tammy Aguilar at 785-368-6350 or txa@srskansas.org for information or to register. (For Spanish version of the brochure, go to: <http://www.srskansas.org/ISD/ees/espanol/FatherhoodBrochure2006SPA.pdf>)

SAVE THE DATE!

Two outstanding workshops will be conducted at the Hilton Garden Inn in Kansas City, KS, on March 23–25. The first night will be a community forum and mobilization workshop establishing a healthy and engaging dialogue about teen sex. The next two days will be a workshop teaching use of the **WAIT Training** curriculum. Registration is free for both. To register, go to <http://www.waittraining.com/calendar.asp>.

SAVE THE DATE!

The Kansas 2006 Governor's Public Health Conference will be held on April 11, 12 and 13, at the Hyatt Regency Hotel in Wichita. This conference will focus on partnering and taking steps together to make our communities in Kansas healthier places to live and grow. Previous Spring conferences (MCH Conference, KPHA Conference, and the Public Health Nursing Conference) are being combined to better serve health professionals in Kansas. Plan now to attend.

Kansas School Nurse Annual Conference in July

Mark your calendars! The **17th Annual Statewide Summer Conference for Kansas School Nurses** - Building Healthy Foundations; Eat Healthy, Move More – will be July 17-20 at the Hyatt Regency in Wichita. The New School Nurse section of the conference will be July 17-18 and the General Session will be July 18-20.

SPECIAL COURSES IN SEVERE DISABILITIES

Informal **Assessment of Functional Vision and Hearing Skills** Presented by Ms. Rebecca Obold-Geary, Dr. Angie Reeder and Dr. Susan M. Bashinski. Workshop presentations will be held Friday, March 10, 6 – 10 and Saturday, March 11, 8 – 5 Topeka. The purpose of the workshop is to alert education staff to behaviors demonstrated by learners, who have significant support needs, which might be indicative of some type of vision or hearing loss. Please contact Dr. Susan Bashinski with any questions or to register. Registration cost is \$60. (785/864-2459 or sbashins@ku.edu)

KUMC is sponsoring a series of upcoming conferences titled **"Responding to Emerging Infections: Community Preparedness for the Next Pandemic in Kansas."** The Kansas Department of Health and Environment is a co-sponsor. Registration Fee: \$75 Go to KS-TRAIN at: <http://ks.train.org> for dates and sites



RESOURCES

W.K. Kellogg Foundation -- Rural People, Rural Policy:

The W.K. Kellogg Foundation's Rural People, Rural Policy (RPRP) initiative will help rural organizations shape policy to improve the lives of their residents. The RPRP initiative will set up networks from the following four geographic regions in the U.S.: Central Appalachia, Mid South, Midwest/Great Plains, and Southwest. <http://www.healthinschools.org>

HRSA Releases Landmark National Child Health Chartbook, A new HRSA publication, "The Health and Well-Being of Children: A Portrait of States and the Nation 2005," indicates that U.S. children are in good health and grow up in healthy environments. It also points to a need to improve access to health care for children from low-income families, those with no health insurance, and children with special health care needs. To view or download the report, click on this link: www.nschdata.org

Ludwick Family Foundation -- Purchase of Tangible Items: The Ludwick Family Foundation assists a broad array of groups that are working to make a positive difference in the world. Grants are provided for tangible items that assist a program or project rather than funding the program itself. <http://www.healthinschools.org>

National Maternal Child Oral Health Resource Center provides many different materials to assist with practical oral care for people with developmental disabilities, including autism, cerebral palsy, Down syndrome, and mental retardation. In addition, there are resources for care givers and providers in printer-friendly formats. Click on this link www.mchoralhealth.org/knwpathoralhealth.html to access a wealth of oral health resources.

Kohl's Corporation -- Kids Who Care Program:

The Kohl's Kids Who Care program recognizes and rewards young volunteers who transform their communities for the better. Any individual (21 years and older; not a Kohl's employee family member) may nominate children who are 6-18 years old and have not yet graduated from high school by March 15, 2006. <http://www.healthinschools.org>

Break the Cycle, a nonprofit organization dedicated to building lives and communities free from domestic violence, had a new 10-minute video: "Teens Speak Out: Dating Violence" and accompanying curriculum guide. For more information, go to www.breakthecycle.org

Cisco Systems Foundation -- San Jose, CA, Impact Grant Program: The Cisco Systems Foundation's San Jose Impact Grant Program supports programs working in two areas: 1) health and 2) access to education. The program supports health-related projects that benefit underserved populations and address access and quality of local health care; training of health care workers; and children's health services and/or health education. <http://www.healthinschools.org>

Blessed is he who expects nothing, for he shall never be disappointed.

— Gen Douglas MacArthur



**The State of Kansas
Department of Health and Environment**

Bureau for Children, Youth and Families
Children and Families Section
1000 SW Jackson, Suite 220
Topeka, KS 66612-1274

Phone: 1-800-332-6262 (Make a Difference)
1-785-296-1307 (Administration)

Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.

Welcome to ZIPS: Zero to Age 21 — Information Promoting Success for Public Health Professionals Working with Kansas Kids. We hope this newsletter continues to be a useful resource for you, and we encourage you to give us your comments, feedback and suggestions.

Previous editions of ZIPS can be found at:
<http://www.kdheks.gov/c-f/zips/>

Contact one of the following for more information on programs:

Joseph Kotsch, RN, BSN, MS

Perinatal Consultant—785-296-1306
jkotsch@kdhe.state.ks.us

Jane Stueve, RN, BSN

Adolescent and School Health Consultant—785-296-1308
jstueve@kdhe.state.ks.us

Brenda Nickel, RN, BSN

Child and School Health Consultant—785-296-7433
bnickel@kdhe.state.ks.us

Kobi Gomel

ZIPS Technical Editor — 785-296-1300
kgomel@kdhe.state.ks.us

Visit our Web site at:
<http://www.kdheks.gov/c-f>

Outstanding Kansas Healthy Start Home Visitor of the Year Award



This is the first year a Healthy Start Home Visitor in Kansas will be recognized for outstanding achievements and contributions to the success of local and state MCH Programs. The KDHE/Children & Families Section will honor a unique individual who is demonstrating a philosophy of home visitation that is empowering families in our state.

This award has been created to honor home visitors that exhibit exemplary judgment, utilization of resources and supports, and are valued as a member of their MCH staff. This award recognizing the Healthy Start Home Visitor achievements will be presented during

the luncheon that will be held at noon on Thursday, April 13 at the 2006 Governor's Public Health Conference in Wichita.

All nominees whose names are submitted will be recognized at the luncheon with a certificate acknowledging their contributions. Judges will base their decision on the nominee's quality and character of service, length of service, and devotion to their role with families.

Supervisors / Administrators are invited to write an essay in 150 words or less describing why the nominee deserves to receive the Outstanding Healthy Start Home Visitor of the Year Award. Using the criteria listed below, explain what makes this nominee an extraordinary Healthy Start Home Visitor, including their role both in the work setting and in the community. Criteria for nominations are:

Commitment — the nominee demonstrates curiosity in seeking out information, resources, and support for families and utilizes these resources for improving delivery and quality of services.

Flexibility — the nominee has an understanding of the fluid nature of public health and demonstrates the ability to multi-task and alter delivery of services when identified

needs of the program and family change.

Compassion — the nominee demonstrates an understanding and sensitivity for cultural and socioeconomic differences in meeting the diverse needs of the MCH population served.

Humor — the nominee demonstrates a positive outlook and approach to problem solving, including a sense of humor and appreciation for situations and other people that may add challenging facets to their role as a home visitor.

Ambassador — the nominee demonstrates qualities of judgment, protection of client information, promotion of MCH programs, and pride in their role as a home visitor both in the work and community setting

Bud Light Super Bowl Ads Favorite of Young Teens

Advertising researchers found that the favorite Super Bowl ads seen by TV viewers under age 17 were for products they can't legally buy -- Bud Light and Budweiser. <http://www.jointogether.org/news/headlines/inthenews/2006/bud-light-super-bowl-ads.html>